

STATE OF FLORIDA

v.

HUBERT MAXWELL,  
Defendant. /

IN THE CIRCUIT COURT OF THE  
SECOND JUDICIAL CIRCUIT, IN  
AND FOR LEON COUNTY, FLORIDA

CASE NO.: 2017CF3786

SPN: 252833

**PLEA AND ACKNOWLEDGMENT OF RIGHTS**

I hereby enter a plea of no contest to the following criminal offense(s),

Count 1: Offense: CRUELTY TO ANIMALS CAUSING PAIN AND SUFFERING  
Max Penalty: 5 YEARS DOC

My plea is entered with the understanding that the state has agreed to the following disposition of my case:

Adjudication Withheld, 18 months probation. Special conditions are as follows: (1) Enroll, Attend and Complete Anger Management. Sign up within 30 days. (2) Complete 17 Jail Work Camp Days. Sign up within 30 days. Defendant represents that he is physically able to participate in work camp. (3) ~~community service hours at minimum rate of 10 hours per month. Sign up within 30 days of plea.~~ (3) No Pets.

\$100 Cost of Prosecution, \$100 Legal Assistance Lien, \$50 Public Defender's Application Fee and \$420 Court Costs. Request payment plan-starting 90 days after plea.

1. I understand the judge will place me under oath to question me about this plea. I must answer the judge's questions truthfully, and if I make a false statement while under oath I could be prosecuted for perjury.

2. I understand a plea of no contest means I will not challenge the evidence against me. I also understand if the judge accepts this plea of no contest, there will be no trial and I will be sentenced based on my plea.

3. I understand the nature of the charges to which I am pleading and I am aware of the maximum and minimum penalties. My lawyer has informed me of the facts the State would have to prove before I could be found guilty, and discussed with me any possible defenses that could be raised in my case. I am satisfied with my lawyer's advice.

4. I understand if the Judge accepts this plea, I give up the right to formal discovery and depositions under Rule 3.220 of the Florida Rules of Criminal Procedure and my attorney will conduct no further investigation of the facts of my case. I give up the right to require the State to prove the charge against me beyond a reasonable doubt, the right to have a jury decide whether I am guilty or not guilty, the right to see and hear the witnesses against me and to have my lawyer question those witnesses, the right to subpoena and present witnesses or other evidence of any defenses I may have, and to testify or remain silent as I choose. **(Sign On Reverse Side After Reading Both Sides Carefully)**

5. I understand by pleading no contest I am giving up the right to appeal all matters relating to my guilt or innocence. The only matters I would be able to appeal are those relating to my sentence and the judge's authority to hear my case. I understand I will have 30 days to pursue any appeal, and if I cannot afford a lawyer, one can be appointed for me.

6. I understand if I am not a United States citizen, a plea of no contest could result in my deportation.

7. I understand if I enter a plea of no contest to a charge involving a controlled substance, my driver's license, or my ability to obtain one may be suspended or revoked for up to two years.

8. I understand the entry of my plea in this case may result in increased punishment for future criminal act on my part.

9. If the offense to which I am entering this plea is a sexually violent offense or an offense that was sexually motivated, or if I have been previously convicted of such an offense in any state or federal court, I may be subject to involuntary civil commitment as a sexually violent offender under the "Jimmy Ryce Act" when my sentence is completed. Further, I have been advised of the registration and other requirements of sections 775.21, 943.0435 and 944.607 of the Florida Statutes.

10. I understand if I am placed on probation I will be required to pay a monthly cost of supervision fee.

11. I understand, as required by Florida law, the judge will assess a fee against me for the services of the public defender.

12. I have read this entire form carefully, and I understand all of the rights and duties explained in it. I state to the Court that I am not under the influence of drugs or alcohol, no one has forced or threatened me to enter this plea, and I am entering this plea freely and voluntarily. I acknowledge I am entering this plea because I believe it is in my best interest.

SWORN TO AND FILED in open court in the presence of my lawyer and the Judge this  
\_\_\_\_ day of \_\_\_\_\_, 2018.

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DEFENDANT

I hereby certify that I am counsel for the defendant and I have informed the defendant of the nature of each charge against him/her, the maximum penalty, any applicable minimum penalty, the required elements of proof, and any possible defenses. I believe the defendant understands the rights and duties explained in this plea form and the defendant is entering this plea freely and voluntarily with a full and complete understanding of the consequences.

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COUNSEL FOR THE DEFENDANT  
Carrie McMullen, Asst. Public Defender

Plea Accepted and Plea Form Filed by

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CIRCUIT COURT JUDGE

# NEW HOPE

INTERVENTION

## CERTIFICATE OF COMPLETION

THIS CERTIFICATE IS HEREBY GRANTED TO

# Hubert Maxwell

TO CERTIFY THAT HE HAS COMPLETED THE 6 WEEK SESSION

ANGER MANAGEMENT PROGRAM

SIGNATURE

*John H. Maxwell Jr.*

DATE:

4/12/18

Nolen

STATE OF FLORIDA

vs.

Case No. 2017CF3786

Hubert Christopher Maxwell  
Defendant, pro se

**DEFENDANT'S PRO SE MOTION FOR TERMINATION OF SUPERVISION**

Date of Birth: July 11, 1996

Address: 1023 Delaware St City/State/Zip Tallahassee, Florida 32304

Probation/CC Officer Name & Phone Number Martin

Date placed on this supervision: 1/31/18 Action requested: Early Termination

Attach supporting documentation, if any.

Why your request should be granted: I believe you should consider granting my request because I feel like I have learned from my past mistakes, I have completed

Attach additional sheet, if needed.

*The Defendant shall take this form to his/her supervising probation/ community control officer.*

**POSITION OF PROBATION / COMMUNITY CONTROL OFFICER:**

No Objection      Objection. Signature Donivin Moll Date 12/3/18

Comments: The offender has completed all Special Conditions.

*The supervising probation/community control officer shall forward form to the assigned ASA.*

**POSITION OF ASSIGNED ASSISTANT STATE ATTORNEY:**

No Objection      Objection. Signature Challen Date 12/10/18

Comments: \_\_\_\_\_

*The assigned ASA shall forward form to Felony Clerk. The Clerk shall forward form to Judge.*

**ORDER GRANTING / DENYING MOTION FOR TERMINATION**

The defendant's motion is GRANTED / DENIED. \_\_\_\_\_

Date 12-11-18 Circuit Judge Al. May



## Docket Report on Case Process

2017CF3786A1 / MAXWELL, HUBERT CHRISTOPHER / 252833

Run Date

NOV-17-2020 13:52:58

SPN	Full Name	D.O.B.	Race
252833	MAXWELL, HUBERT	07/11/1990	BLACK
FDLE Statute	828.12 2 - CRUELTY TO ANIMALS CAUSING PAIN AND SUFFERING		
Offense Date	05/26/2017	Status	DISPOSED
Degree	T	Level	FELONY
Date	Literal	Docket Text	
11/17/17	WARRANT TO SHERIFF	17-NOV-17	
11/17/17	CASE CREATED BY WARRANT	CONSERVATION-ANIMALS CAUSE CRUEL DEATH PAIN AND SUFFERING	
11/17/17	COMPLAINT	CONSERVATION-ANIMALS CAUSE CRUEL DEATH PAIN AND SUFFERING	
11/17/17	AFFIDAVIT - PROBABLE CAUSE	CONSERVATION-ANIMALS CAUSE CRUEL DEATH PAIN AND SUFFERING	
11/17/17	WARRANT ISSUED	CONSERVATION-ANIMALS CAUSE CRUEL DEATH PAIN AND SUFFERING	
11/17/17	BOND AMOUNT SET:	BOND AMOUNT: 10000	
11/17/17	DOCUMENT RECEIVED	17-NOV-2017	
11/17/17	BOND/RELEASE CONDITIONS	NO ANIMALS OR PETS	
12/09/17	BOOKING INFORMATION	BOOKING INFORMATION ENTERED: OBTS# 3703019842/BOOKING# 13374/REP# 17021548	
12/09/17	WARRANT BOOKED AT JAIL	BOOKING# 2017-13374	
12/09/17	JUDGE ASSIGNED	DIV-B JUDGE DEMPSEY ANGELA C JUDGE ID-64	
12/09/17	FIRST APPEARANCE SET	FIRST APPEARANCE SET: 12/10/2017 08:30AM /ROOM# J1	
12/10/17	PUBLIC DEFENDER APPOINTED		
12/10/17	COURT MINUTES		
12/10/17	BOND AMOUNT SET:	SET BOND AT 10000	
12/10/17	ARREST AFFIDAVIT / NOTICE TO APPEAR / INCIDENT REPORT		
12/10/17	PRETRIAL DEFENDANT INTERVIEW		
12/11/17	PUBLIC DEFENDER ASSIGNED	Public Defender Added: 659274 - McMULLEN CARRIE	
12/11/17	CONDITIONAL PLEA OF NOT GUILTY	DIGITAL DOC. FILED: CONDITIONAL PLEA OF NOT GUILTY	
12/11/17	NOTICE OF DISCOVERY	DIGITAL DOC. FILED: NOTICE OF DISCOVERY	
12/12/17	STATE ATTORNEY ASSIGNED	Prosecuting Attorney Added: 695254 - VOLLRATH-BUENO LORENA	
12/13/17	BONDED OUT	BOND /DATE: 12/13/2017 05:55:08 PM	



## Docket Report on Case Process

2017CF3786A1 / MAXWELL, HUBERT CHRISTOPHER / 252833

Run Date

NOV-17-2020 13:52:58

Date	Literal	Docket Text
12/14/17	SURETY BOND FILED	
12/20/17	STATE ATTORNEY ASSIGNED	Prosecuting Attorney Added: 120260 - JOUKOV ARTEM
12/20/17	ANSWER TO DEMAND FOR DISCOVERY	ANSWER TO NOTICE OF DISCOVERY AND DEMAND FOR NOTICE OF ALIBI
01/11/18	COURT CHARGE LITERAL ENTERED	CRUELTY TO ANIMALS CAUSING PAIN AND SUFFERING (01/10/18)
01/11/18	INFORMATION FILED	CRUELTY TO ANIMALS CAUSING PAIN AND SUFFERING (01/10/18)
01/24/18	PLEA HEARING SET:	E-FILED: PLEA HEARING SET: 01/31/2018 08:15AM /ROOM# 2B
01/31/18	PLEA ACCEPTED	
01/31/18	DEFENDANT PLEAD	01/31/2018 08:15 AM
01/31/18	DEFENDANT ENTERED PLEA OF	NOLO CONTENDRE
01/31/18	PROBATION ORDERED ADJUDICATION WITHHELD	01/31/2018
01/31/18	ADJUDICATION WITHHELD	
01/31/18	PROBATION ORDERED (YYMMDD)	010600
01/31/18	COURT COSTS AMOUNT	420
01/31/18	APPLICATION FEE	50
01/31/18	PD LIEN AMOUNT	100
01/31/18	CASE COMMENTS FROM COURT EVENT	PAYMENT PLAN TO BEGIN WITHIN 90 DAYS
01/31/18	PROSECUTION FEE AMOUNT	100
01/31/18	CASE COMMENTS FROM COURT EVENT	TO OWN NO PETS
01/31/18	SHERIFF'S WORK CAMP	17 DAYS, PHYSICALLY FIT, SIGN UP W/IN 30 DAYS
01/31/18	ADVISED OF APPEAL RIGHTS	
01/31/18	ANGER MANAGEMENT	SIGN UP W/IN 30 DAYS
01/31/18	COURT MINUTES	
01/31/18	PLEA/ACKNOWLEDGMENT OF RIGHTS FILED	
01/31/18	SENTENCING GUIDELINES SCORESHEET	
01/31/18	JUDGMENT AND SENTENCE	
01/31/18	CIRCUIT PROBATION	
02/05/18	SURETY BOND DISCHARGED	X11-0044197



## Docket Report on Case Process

2017CF3786A1 / MAXWELL, HUBERT CHRISTOPHER / 252833

Run Date

NOV-17-2020 13:52:58

Date	Literal	Docket Text
02/09/18	ORDER OF PROBATION	
08/09/18	TECHNICAL VIOLATION NOTIFICATION	TECHNICAL VIOLATION NOTIFICATION. NO FURTHER ACTION REQUIRED. CONTINUE TO SUPERVISE. STATE IN AGREEMENT
12/11/18	MOTION FOR:	PRO SE MOTION FOR TERMINATION OF SUPERVISION
12/11/18	REOPEN POST CONVICTION - OTHER	
12/11/18	JUDGE ASSIGNED	DIV-B JUDGE DEMPSEY ANGELA C JUDGE ID-64
12/11/18	ORDER GRANTING	
12/11/18	ORDER GRANTING POST CONVICTION MOTION	

## TEXAS DRIVER EDUCATION CERTIFICATE

2E367218

## FOR DRIVER'S LICENSE ONLY

- Public School     Education Service Center     College/University     DPS Approved Parent Taught Program  
 Duplicate (Number of Original Cert. \_\_\_\_\_)     Transfer/Affidavit (See reverse for further details)
- NOTE:** This certificate may also be used to transfer students and as an affidavit when the certified signature of the instructor is impossible to obtain.

	BTW	Observation	Simulation	Multi-car Range
<input checked="" type="checkbox"/> In-car Program	7 hrs	7 hrs	-0-	-0-
<input type="checkbox"/> In-car / Simulation Program	4 hrs	4 hrs	12 hrs	-0-
<input type="checkbox"/> In-car / Multi-phase Program	4 hrs	8 hrs	12 hrs	-0-
<input type="checkbox"/> Other Program (Specify Details)	_____ hrs	_____ hrs	_____ hrs	_____ hrs

Name: Maxwell Last Hubert First Christopher Middle

Permit #: 25281061 Classroom Completion: 6/2/07 Laboratory (In-car) Completion: 6/9/07

I hereby certify that the person indicated has completed and passed both the Classroom Phase and the In-car Phase of a driver education course approved by the Texas Education Agency or Texas Department of Public Safety. When this certificate is marked as a transfer/affidavit, I certify that the person indicated has completed and passed only the training hours indicated.

Christopher  
Signature of Driver Education Teacher (Required)

FL H400-110-69-724-0  
TEA Number (Last 4 digits)

Home  
School, ESC, College or University

Signature (Optional):  Chief School Official  
 ESC Director  
 University Dept. Head

County District Number

Date Issued

UNLAWFUL IF REPRODUCED OR ALTERED - INVALID IF STATE SEAL IS NOT VISIBLE

DE-964E Rev. Feb 2003

This Insurance Copy Form, properly executed to indicate successful completion of both the classroom and in-car phases, may be presented for insurance discounts, in some cases up to age 25. This form is in lieu of the State Dept. of Insurance Form S0-30. Parent Taught program duplicates issued by Tx. Dept. of Public Safety, Austin. All other duplicates issued at the school attended.

## TEXAS DRIVER EDUCATION CERTIFICATE

2E367218

## FOR INSTRUCTION PERMIT ONLY

- Public School     Education Service Center     College/University     DPS Approved Parent Taught Program  
 Duplicate (Number of Original Cert. \_\_\_\_\_)     Transfer/Affidavit (See reverse for further details)
- NOTE:** This certificate may also be used to transfer students and as an affidavit when the certified signature of the instructor is impossible to obtain.

Concurrent Program 6 hours minimum  
Module One, Traffic Laws Classroom  
(Minimum same for all programs)

- Block Program Completed Core Classroom (32 hours minimum)  
 Block Program Completed Multi-phase Classroom (40 hours minimum)  
 Block Program Completed Semester Classroom (56 hours minimum)

**NOTE:** Under the concurrent schedule provision, if a student does not subsequently complete the required classroom instruction, the instructor is required to complete DPS Form DL-42 and send it to the License and Driver Record Division of the Texas Department of Public Safety. The DPS may then revoke the student's instruction permit.

Name: Maxwell Last Hubert First C. Middle

I hereby certify that the person indicated has completed and passed the number of classroom hours indicated of a driver education course approved by the Texas Education Agency or a parent taught program approved by the Texas Department of Public Safety. I further certify that I understand and will adhere to the concurrent schedule provisions, if applicable.

Christopher  
Signature of Driver Education Teacher (Required)

FL H400-110-69-724-0  
TEA Number (Last 4 digits)

Home  
School, ESC, College or University

Signature (Optional):  Chief School Official  
 ESC Director  
 University Dept. Head

County District Number

Date Issued

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